Bureau of Health Care Quality & Compliance

POC accepted by phone, HFS 4/23/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN3995SNF	A. BUILDING _____ B. WING _____	03/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN GARDNERVILLE HEALTH & REH	1573 MATHIAS PKWY GARDNERVILLE, NV 89410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility from 3/23/09 through 3/26/09. The census at the time of the survey was 38. Ten personnel records were reviewed The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Z 000	DISCLAIMER CLAUSE [illegible] OF THIS PLAN [illegible] THE PROVI[illegible] THE FACTS [illegible] IN THE STATE[illegible] CORRECTION IS PREPARED AND/OR EXECUTED SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL, AND STATE LAW. **Z – 342 PERSONNEL RECORDS** What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice. 1. Employee # 1 is currently undergoing the two step Tuberculin skin tests. Employee # 9 employment has been terminated. 2. Employee # 5 license is current. 3. Employees #2, #10 fingerprints have been submitted to the	
Z342 SS=E	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has	Z342		

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Z342	Continued From page 1 been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of tuberculin skin tests for 2 of 10 employees (#1, #9), failed to provide evidence of licensure for 1 of 10 employees (#5), and failed to provide evidence of a background check for 2 of 10 employees (#4, #9). Findings include: A review of the personnel files of Employees #1 and #9 revealed no evidence of a two-step tuberculin skin test. A review of the personnel file for Employee #5 revealed no evidence of licensure. A review of the personnel files for Employees #4 and #9 failed to reveal evidence of a background check. Interview with the Business Office Manager and the Administrator revealed that Employee #5 had passed all of the tests for licensure, but did not have a license from the State Board of Nursing. No follow-up for the pending status had occurred. Employees #4 and #9 did not provide evidence of fingerprint checks to the facility. Evidence of tuberculin skin tests were not available on Employees #1 and #9. Severity 2 Scope 2	Z342	Nevada Highway Patrol for processing. How you will identify other having the potential to be affected by the same deficient practice. An audit of all personal files is being conducted to determine if any other employee is not in compliance with these regulations. What measures have been put in place or what systematic changes you will make to ensure that the deficient practice does not recur. The Business Office Manager through the Facility Continuous Quality Improvement (CQI) Program will calendar quarterly audits to review employee files to ensure compliance with all Federal and State Regulations.	

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Z393	Continued From page 2	Z393	How the facility will monitor its corrective actions to ensure that deficient practice is being corrected and will not recur, i.e. what program will be put in place to monitor the continued effectiveness of the systemic change.	
Z393 SS=E	Personnel Training in Dementia NAC 449.74522 Employees of facility which provides care to persons with dementia. 1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia: (a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and (b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment. 2. The hours of continuing education required to be completed pursuant to this section: (a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and (b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education. 3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section. 4. A person employed by a facility for skilled nursing which provides care to persons with any	Z393	The Business Office Manager will report the Findings of all Audits to the Executive Director. The Audits will also be submitted and reviewed by the Continuous Quality Improvement (CQI) Committee at the Monthly CQI committee meeting. Compliance Date 5-15-09 **Z – 393 PERSONNEL TRAINING IN DEMENTIA** What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice.	

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Z393	Continued From page 3 form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months. 5. As used in this section, " continuing education specifically related to dementia " includes, without limitation, instruction regarding: (a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, which includes instruction on the symptoms, prognosis and treatment of the disease; (b) Communicating with a person with dementia; (c) Providing personal care to a person with dementia; (d) Recreational and social activities for a person with dementia; (e) Aggressive and other difficult behaviors of a person with dementia; and (f) Advising family members of a person with dementia concerning interaction with the person with dementia. This Regulation is not met as evidenced by: Based on personnel file review and interview, the facility failed to provide evidence of dementia training for 4 of 10 employees (#1, #4, #6, #9). Findings include: A review of the personnel files of Employees #1, #4, #6, and #9 failed to reveal evidence of eight hours of dementia training. The employees were hired on 2/6/09, 1/14/09, 2/9/09, and 12/9/08, respectively.	Z393	Employee's # 1, #4, & #,6 are currently scheduled to participate in an Dementia Training Program. Employee # 9 employment with this facility has been terminated. <u>How you will identify others having the potential to be affected by the same deficient practice.</u> An audit of all personal files is being conducted to determine if any other employee is not in compliance with these regulations. <u>What measures have been put in place or what systematic changes you will make to ensure that the deficient practice does not recur.</u> The Business Office Manager through the Facility Continuous Quality Improvement (CQI) Program will calendar quarterly audits to review employee files to ensure compliance with the	

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Z393	Continued From page 4 Interview with the Administrator revealed that the training had not occurred. Severity 2 Scope 2	Z393	Dementia Training Regulations. <u>How the facility will monitor its corrective actions to ensure that deficient practice is being corrected and will not recur, i.e. what program will be put in place to monitor the continued effectiveness of the systemic change.</u> The Business Office Manager will report the Findings of all Audits to the Executive Director. The Audits will also be submitted and reviewed by the Continuous Quality Improvement (CQI) Committee at the Monthly CQI committee meeting. Compliance Date 05/15/09	